•									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									6	1000 ·	or	28 US 304	301/MS
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	E	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			16		-		Γ	RATE F		FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE 385		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/O minus 20=		* ()		ſ	X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* ()		ľ	X43=			OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		,			+145=			OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL			OR	TOTAL	197
CLAIMS AS AMENDED - PART II								, , , , ,	- (]),,	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	١		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=		X43=	T		OR	X86=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	7		1	+290=	
	(Column 1) (Column 2) (Column 3)								L	**=	OR	TOTAL	
									EL		OR,	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGHEST			Г		Т	ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA .		RATE	ŀ	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	l		OR	X\$18=	
	Independent	*	Minus	***		=	r	X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								†				
							L	+145= TOTA	╀		OR	+290= TOTAL	
									EL		or,	ADDIT. FEE	
	`	(Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus.	**		= .		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X43=	t		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dagger		ı		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	\downarrow		OR	+290=	
** [1	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	ADI	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE	
		ber Previously Paid					ound	in the a	ppr	opriate box	in colu	ımn 1.	